

Listing of Claims

This listing of claims will replace all prior versions and listings of claims in the application:

Claims 1-16 (Canceled).

17. (Currently amended) A system for managing a healthcare patient claims account lifecycle comprising:

a plurality of healthcare providers for providing medical services to patients[,];

a plurality of payors having a contractual association with individual ones of the patients and with the plurality of healthcare providers for making payments to the healthcare providers based on services provided to the patients;

predetermined payor information requirements which the healthcare provider must provide to the payor regarding patients prior to the healthcare provider receiving payment from the payor, where at least two of the payors have predetermined payor information requirements that are different from each other;

each healthcare provider having a patient account software system for monitoring and maintaining individual patient accounts associated with a respective healthcare provider wherein patient information is input to the patient account software system at the healthcare provider;

a centralized management unit separate from the plurality healthcare providers and separate from the payors, the centralized management unit comprising a database management software system[,];

a communications network between the healthcare provider and the centralized management unit and each of the healthcare providers, the communications network connecting the database management system with each of the patient account software systems of the healthcare providers including a plurality of encryption devices establishing an encrypted session over the communications network and including a means for authenticating remote account managers in the centralized management unit;
and

said centralized management unit accessing patient account information from the patient account software systems of each of the healthcare provider providers, identifying missing information from the patient accounts with reference to payor information requirements corresponding to respective payors and providing information to generating and transmitting a notification to each of the healthcare providers of the missing information required prior to billing for medical services provider for managing information retrieval required for billing a healthcare payor.

18. (Currently amended) The system of claim 17 wherein the notification comprises centralized management unit generates and transmits to the healthcare provider information relating to at least one of a checklist, an alert, and an edit relating to information required for payment from a healthcare payor.

19. (Currently amended) The system of claim 17 ~~further including a web browser, a database management system, and a software application, the database management system storing patient account data received from the healthcare provider by~~ wherein the centralized management unit stores patient account data received from the healthcare provider whereby a healthcare provider can outsource any portion or all of its patient accounts for management by the centralized management unit.

20. (Original) The ~~method~~ system of claim 17 wherein said communications network comprises the Internet.

21. (Original) The ~~method~~ system of claim 17 wherein said encryption device comprises a firewall VPN router.

22. (Original) The ~~method~~ system of claim 17 wherein digital certificates are used to authenticate managers in the centralized management unit.

23. (New) The system of claim 17, wherein the centralized management system provides to each of the healthcare providers the notification as a listing of a plurality of patient

accounts with an identification of the missing information associated with each account.

24. (New) The system of claim 17, wherein the notification comprises identification of potential authorization problems, including identifying a requirement to contact a payor for authorization to extend benefits.

25. (New) The system of claim 17, wherein the notification comprises identification of potential benefit problems, including identification of a lack of adequate benefits contractually offered by a payor for a predetermined medical service.

26. (New) The system of claim 17, wherein the plurality of payors comprise a plurality of insurance providers having different payor information requirements, and the centralized management unit retrieves patient account information from the healthcare providers and, for each patient account, applies payor information requirements specific to a patient's insurance provider to that patient's account, and subsequently forwards the notifications to the healthcare providers.

27. (New) The system of claim 17, wherein the centralized management unit further comprises a plurality of computer workstations for monitoring information transferred to the centralized management unit from the healthcare providers and for transferring information, including the notifications, to the healthcare providers.

28. (New) The system of claim 27, including a plurality of encryption devices for establishing an encrypted session over the communications network and including a means for authenticating the plurality of computer workstations in the centralized management unit.

29. (New) The system of claim 17, wherein the notifications are generated based on information from predetermined flashpoints in the lifecycle of patient accounts maintained in the healthcare provider patient account software system.

30. (New) The system of claim 29, wherein the centralized management unit obtains information at predetermined points in time defined by the following flashpoints:

- a) Pre-registration, defined as a contact point prior to the time at which medical services are provided to a patient;
- b) Admission/Registration, defined as a point at which a patient arrives for service at a healthcare facility;
- c) In-House, defined as a time period from beginning of clinical service through patient's exiting the healthcare facility;
- d) Discharge, defined as a point at which the patient leaves the healthcare facility;
- e) Suspense, defined as a predetermined time period after discharge and before a minimum billing point;
- f) Billing, defined as a point at which an electronic or hardcopy bill is sent to a payor; and
- g) Follow-Up/Collection, defined as a post billing period of activity affecting patient accounts.